

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response......16.00

SEC USE ONLY						
Prefix Serial						
DATE RECEIVED						

Name of Offering (check if this Limited Partnership interests in			e change.)			A na es	
Filing Under (Check box(es) that a			ection 4(6) ULC)E	PROCE	-70	
Type of Filing: ☐ New Filing ☒					0/		
	JUL × 9 20	104					
1. Enter the information requested							
Name of Issuer (check if this is Baupost Limited Partnership 198		s changed, and indicate c	hange.)		THOMSON FINANCIAL	: :	
	Number and Street, City, Sta	te, Zip Code)	Teleph	one Number (inclu			
c/o The Baupost Group, L.L.C., Boston, MA 02116	10 St. James Avenue, Suite		617-210-8300				
Address of Principal Business Ope (if different from Executive Office		City, State, Zip Code)	Telephone Number (including Area Code)				
Brief Description of Business							
Private Investment Fund							
Type of Business Organization	_				parties and a		
☐ corporation □	☑limited partnership, already	y formed		:£.X.	5500		
☐ business trust ☐	limited partnership, to be for	ormed	other (please sp	sectry):	RECEIVED	1997	
	Jimited partnership, to de te	Month Year			- P		
Actual or Estimated Date of Incorp	•	0 1 8 3	Actual	☐ Estimated	5 JUL 2 7 200	34 🔊	
Jurisdiction of Incorporation or Organical				 1	William Control		
	CN for	Canada; FN for other for	eign jurisdiction)	DE		(0)/	
GENERAL INSTRUCTIONS				•	16/1500 BB	5"	
Federal: Who Must File: All issuers making 77d(6).	; an offering of securities in r	reliance on an exemption	under Regulation D	or Section 4(6), 1	7 CFR 230.501 et seq. or 15 U.	S.C.	
When To File: A notice must be fi Exchange Commission (SEC) on the due, on the date it was mailed by U	he earlier of the date it is rece	eived by the SEC at the a	ddress given below o				
Where to File: U.S. Securities and	Exchange Commission, 450	Fifth Street, N.W., Wash	nington, D.C. 20549				
Copies Required: Five (5) copies of photocopies of the manually signed			n must be manually s	signed. Any copie	s not manually signed must be		
Information Required: A new filin information requested in Part C, and the SEC.							
Filing Fee: There is no federal fili	ng fee.						
State: This notice shall be used to indicate that have adopted this form. Issuer made. If a state requires the payme be filed in the appropriate states in	s relying on ULOE must file ent of a fee as a precondition	a separate notice with the to the claim for the exem	e Securities Admini ption, a fee in the pr	strator in each state roper amount shall	where sales are to be, or have accompany this form. This no	been	
	•	ATTENTI	ON				
Failure to file notice in the appro will not result in a loss of an avai						ice	

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - X Each promoter of the issuer, if the issuer has been organized within the past five years;
 - X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

X Each general and managing partner of partnership issuers.										
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first,										
The Baupost Group, L.L.C.										
Business or Residence Address (Number and Street, City, State, Zip Code) 10 St. James Avenue, Suite 2000, Boston, MA 02116										
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name first,										
Baupost Partners, L.L.C.	Baupost Partners, L.L.C.									
Business or Residence Add 10 St. James Avenue, Suit			o Code)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip	Code)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name first,										
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip	Code)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip	Code)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Addi	ress (Number ar	nd Street, City, State, Zip	Code)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)										
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)	·								
Business or Residence Addi	ress (Number ar	nd Street, City, State, Zip	Code)							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Addr	ress (Number ar	nd Street, City, State, Zip	Code)							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

						B. INFO	RMATIC	N ABOU	T OFFER	RING					
1.								Yes	No Ø						
					1	Answer also	in Append	lix, Columr	2, if filing	under ULC	E.				
2.	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									\$N/A					
										N.					
3.	3. Does the offering permit joint ownership of a single unit?								Yes ⊠	No					
	remune person five (5) only.	eration for or agent o persons to	solicitation f a broker o o be listed a	of purchas r dealer reg re associate	ers in conne	ection with the SEC a	sales of sec nd/or with	urities in th a state or st	e offering. ates, list the	If a person name of the	to be listed to broker or	nission or si I is an assoc dealer. If t t broker or d	iated nore than		
Full Na N/A	ame (La	ist name fi	rst, if indiv	idual)											
			11 01		treet, City,	C4-4 7: (7- 1-)			<u>.</u>					
			`		treet, City,	State, Zip C	_ode)							,	
Name (of Asso	ciated Bro	ker or Deal	er						,					
States i	in Whic	h Person I	isted Has S	Solicited or	Intends to	Solicit Purc	hasers				·				
(0	Check "	'All States	" or check i	ndividual S	tates)		••••••••	••••••				All States			
[] []	AL] IL] M <i>T]</i> RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Na	ame (La	ist name fi	rst, if indiv	idual)						-					
Busine	ss or Re	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name (of Asso	ciated Bro	ker or Deal	er											
States i	in Whic	h Person I	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Check	: "All St	tates" or cl	neck individ	lual States)	*****							All States			
I] 1] I]	AL] [L] MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Na	ame (La	ist name fi	rst, if indivi	idual)											
Busine	ss or Re	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name o	of Asso	ciated Bro	ker or Deal	er		· ····		<u> </u>							<u> </u>
States i	n Whic	h Person I	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers						1		
(Check	"All St	ates" or cl	neck individ	lual States)	***************************************							All States			
Ĩ	AL] [L] MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🔲 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Offering Amount Already Type of Security Price Sold Debt Equity ☐ Common ☐ Preferred \$ Convertible Securities (including warrants) Partnership Interests \$78,912,327 \$78,912,327 ____)..... Total \$78,912,327 \$78,912,327 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors Aggregate Dollar Amount of Purchases Accredited Investors \$78.912.327 \$ Non-accredited Investors Total (for filings under Rule 504 only)..... \$ Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Type of offering Security Sold Rule 505 S Regulation A Rule 504..... \$ \$ a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs \boxtimes Legal Fees \$3,200 Accounting Fees \$ Engineering Fees \$ Sales Commissions (specify finders' fees separately)..... \$ Other Expenses (identify) \$ Total 冈 \$3,200

	C. OFFERING PRI	CE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
٠.	b. Enter the difference between the aggregate offexpenses furnished in response to Part C - Questic issuer."	ering price given in response to Part C - Question 1 and total on 4.a. This difference is the "adjusted gross proceeds to the		
				\$78,909,127
	the purposes shown. If the amount for any purpos	roceeds to the issuer used or proposed to be used for each of se is not known, furnish an estimate and check the box to the ed must equal the adjusted gross proceeds to the issuer set		
			Payments to	
			Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		\$	□ \$
	Purchase of real estate		□ \$	□ \$
	Purchase, rental or leasing and installation of mac	hinery and equipment	□ s	□ \$
	Construction or leasing of plant buildings and fac-	□ \$	□\$	
	Acquisition of other businesses (including the val- offering that may be used in exchange for the asse- pursuant to a merger)		□ \$	□ s
	Repayment of indebtedness		□ \$	□\$
	Working capital		□ \$	□ s
	Other (specify): Investments		□ \$	⊠\$78,909,127
	Column Totals		□ \$	⊠\$78,909,127
	Total Payments Listed (column totals added)	⊠ \$78,909,127		
		D. FEDERAL SIGNATURE		
ur		e undersigned duly authorized person. If this notice is filed un ities and Exchange Commission, upon written request of its sta Rule 502		
	uer (Print or Type) upost Limited Partnership 1983 A-1	Signature Date July		
	me of Signer (Print or Type) ul C. Gannon	Title of Signer (Print or Type) Chief Financial and Administrative Officer		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION